

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	12	117	02-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	02-10-01
2	✓	✓	02-10-01
3	✓	✓	02-10-01
4	✓	✓	02-10-01
5	✓	✓	02-10-01
6	✓	✓	02-10-01
7	✓	✓	02-10-01
8	✓	✓	02-10-01
9	✓	✓	02-10-01
10	✓	✓	02-10-01
11	✓	✓	02-10-01
12	✓	✓	02-10-01
13	✓	✓	02-10-01
14	✓	✓	02-10-01
15	✓	✓	02-10-01
16	✓	✓	02-10-01
17	✓	✓	02-10-01
18	✓	✓	02-10-01
19	✓	✓	02-10-01
20	✓	✓	02-10-01
21	✓	✓	02-10-01
22	✓	✓	02-10-01
23	✓	✓	02-10-01
24	✓	✓	02-10-01
25	✓	✓	02-10-01
26	✓	✓	02-10-01
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29	✓	✓	02-10-01
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35	✓	✓	02-10-01
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37	✓	✓	02-10-01
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41	✓	✓	02-10-01
42	✓	✓	02-10-01
43	✓	✓	02-10-01
44	✓	✓	02-10-01
45	✓	✓	02-10-01
46	✓	✓	02-10-01
47	✓	✓	02-10-01
48	✓	✓	02-10-01
49	✓	✓	02-10-01
50	✓	✓	02-10-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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